

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	10/511565	FILING DATE
APPLICANT(S)		

CLAIMS

AS FILED	AFTER		AFTER		CLAIMS
	1st AMENDMENT	IND.	DEP.	2nd AMENDMENT	
1	/				
2	1				
3	2				
4	3				
5	2				
6	3				
7	0				
8	0				
9	0				
10	0				
11	0				
12	0				
13	0				
14	0				
15	0				
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41	0				
42	0				
43	0				
44	0				
45	0				
46	0				
47	0				
48	0				
49	0				
50	0				
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51		0						
52		0						
53		0						
54		0						
55		0						
56		0						
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97								
98								
99								
100								
TOTAL IND.	1							
TOTAL DEP.	61							
TOTAL CLAIMS	62							

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS